

FIG-1

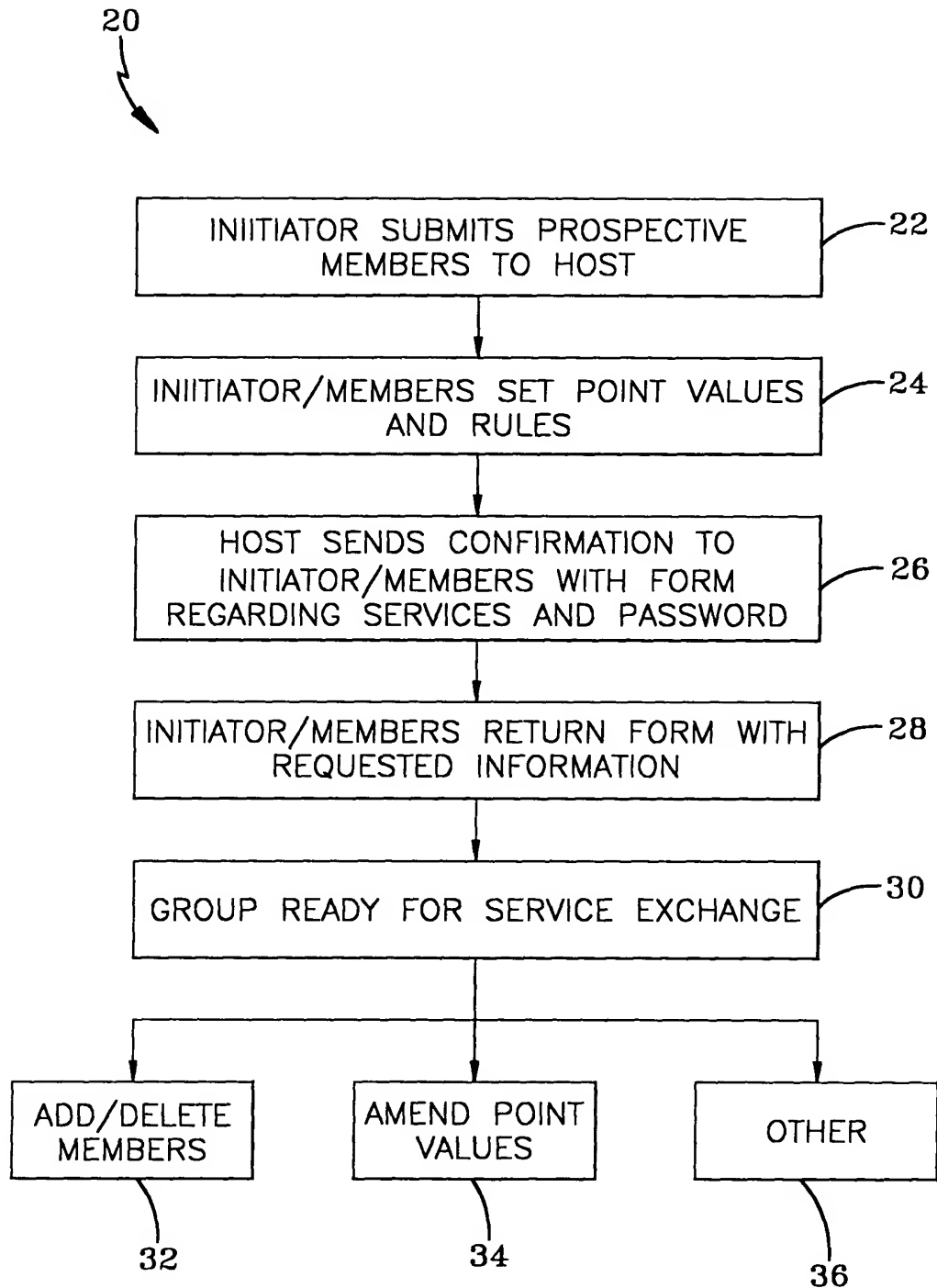


FIG-2

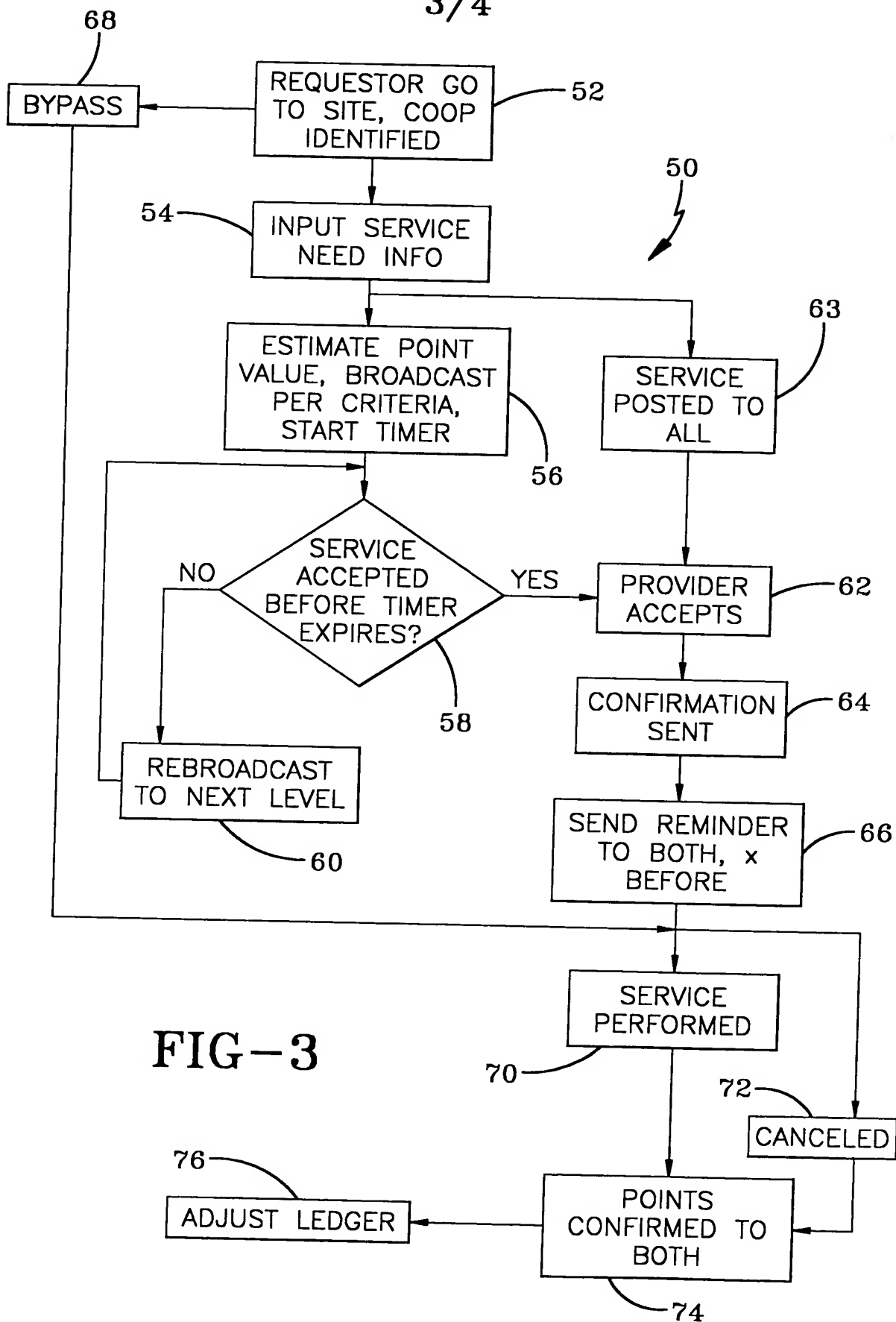


FIG-3

SERVICE REQUEST FORM

REQUESTOR: _____

SERVICE DATE: _____

TIME

START: _____

FINISH: _____

HOURS: _____ (1/2 HOUR INCREMENTS)

CHILD CARE

OF KIDS: _____ [1-x]

MEALS: _____ [0,1,2,3]

LOCATION: _____ [REQUESTOR, PROVIDER, EITHER]

ESTIMATED POINTS: _____

90




FIG-4